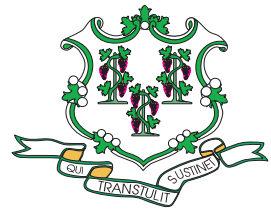




DEPARTMENT OF ADMINISTRATIVE SERVICES



STATE OF CONNECTICUT

TO: AGENCY HEADS AND AGENCY PERSONNEL ADMINISTRATORS
DT: November 14, 2005
RE: Procedures for Health Insurance Benefits

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LINDA J. YELMINI
Commissioner

Public Act No. 05-10 indicates State employees and retirees may add to their pension, health and supplemental coverage civil union partners and eligible dependent children. **This memorandum addresses procedures to be followed specifically for health insurance coverage.** As stated in the October 3, 2005 memorandum from the Office of the State Comptroller, Public Act 05-10 does not change any of the other eligibility requirements of the health benefit plan.

PROCEDURE

Effective October 1, 2005 the following procedures govern the administration of health benefits for all eligible Executive Branch employees:

All employees will be offered enrollment in the health insurance program upon achieving eligibility for such benefit.

Initial Enrollment for Benefits

Employees hired into permanent positions and appointed on a permanent basis shall be offered health insurance at new employee orientation; employees hired on a non-permanent basis shall be offered health insurance upon meeting eligibility requirements, in accordance with existing practice.

Each eligible employee will be provided with the appropriate enrollment form and will be required to complete all information on the form in order to ensure timely coverage. The employee shall be required to provide proof of relationship for each eligible dependent covered (see Appendix A).

Upon verification by the Agency Human Resources Office of the eligibility of each person for whom coverage is sought, Human Resources staff will submit the completed enrollment form to the Agency Payroll/Benefits Unit for processing. The enrollment form and all documentation must be submitted within 30 days of eligibility (hire) in order for the employee to secure these benefits. Late submissions may result in forfeiture of the benefit until a new period of eligibility occurs (open enrollment).

New employees should be notified in their appointment letter of the need to bring to orientation proof of dependent relationships as provided in Appendix A.

Adding Dependents After Initial Enrollment

After their initial enrollment, employees who wish to add eligible dependents to their health insurance may only do so during open enrollment or upon a “qualifying event” as defined by the carrier. A qualifying event includes: marriage, civil union, birth, adoption, legal guardianship or loss of other health insurance coverage by an eligible dependent.

Employees who seek to add eligible dependents due to a qualifying event or during open enrollment will be required to provide supporting documentation as indicated in Appendix A. Enrollment forms and the supporting documentation must be received within 30 days of the qualifying event or by the end of the open enrollment period. Late submissions may result in the employee having to wait until the next open enrollment period to secure health benefits.

Dropping Covered Dependents

Employees wishing to drop coverage for any dependent may do so at any time. Employees must notify their Agency Human Resources Office when any dependent is no longer eligible for coverage. This would occur in the case of divorce; dissolution of a civil union; in the case of guardianship when dependent children are no longer in the legal custody of the employee; or when a child exceeds the age limits allowed for continued coverage (19 years old unless a full time student who can be covered through age 23 for health benefits and 19 years old for dental benefits regardless of student status). Anyone carrying a child past the age limit due to his or her status as a full time student must produce proof from the school of the child’s full time status to continue benefits. A dependent disabled child may be continued on the health insurance beyond the established age limits with proper documentation.

Employees should also notify their Agency Human Resources Office in the event of death of a spouse, civil union partner, domestic partner or child for whom they provide health insurance. This will ensure proper premium deductions are made.

Please address questions concerning this memorandum to the HR Business Rules and Central Audit Unit: Heather.Tweeddale@CT.Gov or Shari.Grzyb@CT.Gov

Linda J. Yelmini

Linda J. Yelmini, Commissioner

APPENDIX A

Documentation Requirements for Enrollment of Dependents for Health Benefits

The following documentation must be submitted with the enrollment form for health insurance benefits at the time the employee applies for coverage:

| RELATIONSHIP | DOCUMENTATION REQUIRED |
|--|--|
| Spouse | Marriage Certificate |
| Party to a Civil Union | Civil Union Certificate |
| Dependent Child Under Age 19 <ul style="list-style-type: none">- Employee is birth parent- Employee is Legal Guardian- Employee is adoptive parent- Employee is Step Parent | <ul style="list-style-type: none">- Birth Certificate- Documentation of Legal Guardianship- Adoption Decree or Birth Certificate- Tax forms indicating child is claimed as a dependent of employee and employee's spouse or partner, living with the employee |
| Dependent Child Over Age 19 <ul style="list-style-type: none">- Full time Student (19-23)- Disabled Child (over 19) | Requires documentation noted above (if not already submitted) plus: <ul style="list-style-type: none">- Certification from educational institution verifying status as a full time student- Completion of medical verification form |
| Domestic Partner | Domestic Partnership Affidavit CO-1049 and supporting documentation as outlined in affidavit |

If an eligible dependent is being added after initial enrollment but outside of the open enrollment period due to loss of other health insurance coverage, the employee must submit appropriate documentation of the relationship as noted above and official notification of the loss of coverage (COBRA notification or notice from employer of loss of benefits).

Employees changing plans during open enrollment without adding a new dependent will not have to submit additional proof of relationship for dependents covered under the old plan.